

# Arizona State Veterinary Medical Examining Board

9535 E. Doubletree Ranch Road, Suite 100, Scottsdale, Arizona 85258

Phone: (602) 364-1PET (1738) • FAX: (602) 364-1039

vetboard.az.gov

APPLICATION IS HEREBY MADE FOR THE ISSUANCE OF A VETERINARY PREMISE LICENSE

## PREMISE LICENSE FEES:

☐ \$ 50.00 in an even-numbered year

☐ \$ 100.00 in an odd-numbered year

APPLICATION FEE IS NON-REFUNDABLE

**PAYABLE BY CASH, CERTIFIED/CASHIER'S CHECK OR MONEY ORDER ONLY**

## PREMISE LICENSING INFORMATION

Name of Premise \_\_\_\_\_

Premise Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## REASON FOR PREMISE APPLICATION – (Check all applicable areas)

☐ New Premise ☐ Responsible Veterinarian change ☐ Ownership change ☐ Address change ☐ Other

## WAS THIS PREMISE PREVIOUSLY LICENSED? IF YES, PLEASE COMPLETE THIS SECTION

A.R.S. § 32-2272 (D), A change of responsible veterinarian or owner shall cancel a premise license. The responsible veterinarian or owner shall surrender the premise license to the Board within 20 days of the change.

Previous Premise License Number \_\_\_\_\_ Previous Premise Name \_\_\_\_\_

Previous Responsible Veterinarian \_\_\_\_\_

## RESPONSIBLE VETERINARIAN

### ONLY ONE VETERINARIAN MAY BE DESIGNATED AS RESPONSIBLE VETERINARIAN

A.R.S. § 32-2201(18) . . . The veterinarian responsible to the Board for compliance of licensed veterinary premises with the laws and rules of this state and of the federal government pertaining to the practice of veterinary medicine and responsible for the establishment of policy of such premises.

Name \_\_\_\_\_ License Number \_\_\_\_\_

Residence Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

1. List all premises where you are currently registered as the Responsible Veterinarian (Attach continuation sheet if necessary). \_\_\_\_\_

2. Designate a primary premise (This information will be listed on the Board's computer record for inquiries). \_\_\_\_\_

3. Have you ever been charged or convicted of a crime? ☐ Yes ☐ No (Yes, attach detailed explanation)

4. Has your Federal accreditation been subject to disciplinary action? ☐ Yes ☐ No (Yes, attach detailed explanation)

5. Have you been subject to disciplinary action relating to licensure? ☐ Yes ☐ No (Yes, attach detailed explanation)

## PRACTICE INFORMATION

A.R.S. § 32-2272 (C) . . . A license is not valid for any premises other than those for which issued. If there have been major changes in the scope of veterinary services offered, the premises are subject to re-inspection. Mobile units utilized in conjunction with a licensed premise, must be declared at the time of application.

### TYPE OF PRACTICE -- (Check all applicable areas)

☐ Large Animal

☐ Small Animal

☐ Exotic

☐ Avian

☐ Other

### DESCRIPTION OF PRACTICE -- (Check all applicable areas)

☐ **Hospital** (Overnight Hospitalization offered)

☐ **Mobile Clinic** (A.A.C. R3-11-101 [17] ) (a self-contained vehicle (RV, van, etc.) designed to function as a self-contained clinic. Services are performed inside the vehicle.)

☐ **Clinic** (Overnight Hospitalization not offered)

☐ **Mobile Unit** (A.A.C. R3-11-101 [18] )(e.g. housecall practice). Services are delivered to temporary sites; not designed to function as a self-contained clinic.

☐ **Vaccination Clinic**

### DESCRIPTION OF SERVICES

(Check all applicable areas)

☐ Hospitalization

☐ Boarding

☐ Surgery

☐ Transporting patients

☐ Radiology

☐ Emergency Service (Not 24hr)

☐ Diagnostics (In premise)

☐ 24 hour Emergency Service

☐ Pharmacy

☐ Vaccinations Only

☐ Alternative medicine (acupuncture, etc.)

☐ Grooming

☐ Routine health exams

☐ Anesthesia-free dental cleanings

1. If any of the above services are performed at another premise or in the field, please specify.

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### PREMISE BUILDING AND HOURS

1. Is the premise based at a residence? ☐ No ☐ Yes

2. List the hours the premise is open to the public:

a. For hospitals/clinics: list the days/ hours the facility is open to the public.  
Days/Hours: \_\_\_\_\_

b. For clinics held at a store, grooming facility, boarding facility, etc.: list the specific day (e.g. 2<sup>nd</sup> Saturday of the month) or specific dates and hours the clinic will be in operation.  
Day/Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

## OWNER INFORMATION

### PROPRIETORSHIP

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

### PARTNERSHIP

Name of Partnership \_\_\_\_\_

Address of Principal Office \_\_\_\_\_

Names, Addresses, and Percentages of General Partners \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CORPORATION

Name of Corporation \_\_\_\_\_

Address of Principal Office \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Arizona Statutory Agent, Address and Phone Number \_\_\_\_\_

\_\_\_\_\_

Names, Titles, and Addresses of Officers and Directors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL REQUIRED INFORMATION

Has the owner ever been charged or convicted of a crime?

☐ No ☐ Yes (Yes, attach detailed explanation)

Has the owner's Federal accreditation been subject to disciplinary action?

☐ No ☐ Yes (Yes, attach detailed explanation)

Has the owner been subject to disciplinary action relating to licensure?

☐ No ☐ Yes (Yes, attach detailed explanation)

## CERTIFICATION OF ACCURACY

The undersigned hereby certifies that the information contained in this application and any attachments thereto is true and correct, and further certifies that:

1. The undersigned is familiar with the laws of Arizona and the rules of the State Board pertaining to the practice of veterinary medicine.
2. The undersigned is familiar with the laws of the federal government pertaining to the practice of veterinary medicine and pertaining to the use, dispensing, prescribing and storing of controlled substances.
3. The RESPONSIBLE VETERINARIAN, identified herein, is responsible to the State Board for the establishment of, and adherence to, policies of veterinary medical service and conduct in accordance with federal laws, Arizona State laws, and the rules of the State Board pertaining to the practice of veterinary medicine.

**Signature of Responsible Veterinarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SEAL

Notary Public \_\_\_\_\_

**Signature of Practice Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

### ALTERNATE FORMAT

Individuals with disabilities who need this application in an alternate format may contact the Board's Americans with Disabilities Act coordinator at (602) 364 -1739 (voice) to make their needs known.